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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/879,433

06/12/2001

Robert J. Crowley

BSME124883

4101

26389 7590 06/25/2007

CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC
1420 FIFTH AVENUE
SUITE 2800
SEATTLE, WA 98101-2347

EXAMINER

SHAY, DAVID M

ART UNIT

PAPER NUMBER

3735

MAIL DATE

DELIVERY MODE

06/25/2007

PAPER

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APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
09879433	6/12/2001	CROWLEY, ROBERT J.	BSC-009DV

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EXAMINER

david shay

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6192007

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Commissioner for Patents

Request to Present Oral Arguments

The examiner requests the opportunity to present arguments at the oral hearing.

DAVID M. SHAY
PRIMARY EXAMINER
GROUP 330

PATENT NUMBER

100-443886-1000
O.I.P.E.
SCANNED 5/17/4 O.A. 5/17/4

PATENT DATE

EXAMINER Gray

Mucosal ablation.

The examiner requires the opportunity of presenting arguments at the oral hearing.

PTO-2040
12/99[illegible]

Continued on Issue Slip Inside File Jacket

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS Sheets Drwg. Figs. Drwg. Print Fig.		CLAIMS ALLOWED	
			Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent, No. _____	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
			ISSUE FEE	
	_____ (Primary Examiner) (Date)		Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		ISSUE BATCH NUMBER	
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